

Iowa Legislative Fiscal Bureau

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Des Moines, IA 50319
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Woodward State Hospital School Surveyed

ISSUE

Woodward State Hospital-School (SHS) was surveyed from May 18 through May 22, 1992 by the Department of Inspections and Appeals to determine if the Hospital-School remains in substantial compliance with the federal Health Care Financing Administration (HCFA) rules and regulations for Intermediate Care Facilities for the Mentally Retarded. This was a follow-up visit to a February 1992 visit in which a 12-month contract was awarded. Since there were some citations with the February survey, a follow-up visit was required.

AFFECTED AGENCIES

Department of Human Services (DHS)

Department of Inspections and Appeals (DIA)

CODE AUTHORITY

Department of Human Services: Chapters 217, 218, and 222, Code of Iowa

Department of Inspections and Appeal: Chapter 10A, Code of Iowa

BACKGROUND

The DIA survey team found Woodward out of compliance with 3 Conditions of Participation. They are (1) Governing Body, (2) Facility Staffing, and (3) Health Care Services. With deficiencies in these Conditions of Participation, DIA stated that it cannot recommend continued participation in the Medical Assistance Program; therefore, the DIA initially recommended to the DHS that its provider agreement with Woodward, which would have ended June 27, 1992, not be renewed. The DIA makes recommendations to the DHS but also reports its findings to HCFA. The DIA found the following:

- Priority needs for clients were not identified nor programs developed for significant problem areas.
- Staff were not used in a manner that ensured clients were adequately supervised in accordance with their individual needs.
- The facility failed to provide adequate preventive and general medical care.

A Plan of Correction was submitted immediately, and the DIA was invited back for a revisit. The revisit was conducted from June 15 through June 18, 1992. The revisit found the

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previously cited Condition level deficiencies had been corrected, and the DIA recommended continued participation in the Medical Assistance Program by the SHS.

In the revisit, several items of non-compliance were found. For example, behavioral and developmental needs were not always identified on the comprehensive functional assessment. These unidentified needs include eating inedible objects, rapid eating, and food stealing. The Department has submitted a Plan of Correction for these items to the DIA which has been accepted. Immediate corrective action is expected for deficiencies directly related to resident care while most other items are expected to be corrected within a 60-day time period.

Woodward is funded upfront with State monies; the SHS's appropriation for FY 1993 is \$29.6 million. The State appropriation is primarily reimbursed through billings to the federal government and counties. In FY 1991, the State accounted for approximately 5% (\$1.6 million) of the funds for the SHS with counties and the federal government accounting for 29% (\$9.3 million) and 66% (\$21.2 million), respectively. The mix of funds should be similar for FY 1993.

CURRENT SITUATION

This situation raises several questions/issues:

1. As of May 31, 1992, Woodward had 15.7 fewer FTE positions than its budgeted level. Does the number of staff need to be increased to budgeted level and/or does the staff at the SHS need to be better trained to meet clients' needs?
2. What can be done to prevent Woodward from being out of compliance in the future? In the last 2 years, the DIA has twice recommended that Woodward be decertified. In both instances, the revisit from the DIA has resulted in no recommendation to decertify. Is there a problem or is Woodward's immediate response to citations and deficiencies acceptable?
3. Are the DIA expectations of the SHS consistent from survey to survey and from surveyor to surveyor? How can this be determined? Should there be consistency or is inconsistency inherent in the system? How can consistency be better achieved if it is desired?

ALTERNATIVES

This item is presented for information only. No action by the General Assembly is required.

BUDGET IMPACT

The survey has no direct budget impact unless the number of staff is increased as a result of it. The Corrective Action Plans primarily focus on the SHS establishing specific procedures to follow in assessing and addressing problems along with an emphasis on staff training to implement and follow through with the procedures.

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